THE MEDICAL MISSIONARY

"Holy Mother Church
we thank Thee."

Special Number

VOL. XV SEPTEMBER, 1941 NO. 7

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(And don't forget to look at the back cover and see how our Hospital Fund is coming along!)

ACROSS THE PAGES . . .

WERE YOU CURIOUS when you saw: "Special Number" on the cover? It is "special" because it commemorates the taking of public vows for the first time by the members of our Society— "O Lord, Thy work, in the midst of the years bring it to life . . ."

FATHER CARROLL is stationed at the Commissariat of the Holy Land, more familiarly known as the "Franciscan Monastery" in Brookland, D. C. He has made a special study of the Eastern Rites.

OUR RETREAT MASTER, the Rev. Joseph Kreuter, O.S.B., is from Collegeville, Minn. He is editor of "Sponsa Regis."

EVENTS ACCUMULATED during August: Retreat, profession— and departure, too! There are four in this year's mission band. Who are they? But look and see!

AND IF YOU are wondering what they will do when they arrive in the missions, read Sister Alma Julia's "If I Were Only Quintuplets!"

SISTER ELISE, faithful to the promise she made when she left some eight months ago to "tell us about the work," invites us to "come up to the women's ward and step inside the door, and we will see diseases that we never saw before!"

VAGABONDS GET "itching feet" once the fall gets in the air— and Tic, the Ragamuffin, goes singing down the highway to the "Ragamuffin's Road Song."

THE MEDICAL MISSIONARY

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SISTER M. TIMOTHY, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

Sister Superior

MEDICAL MISSION HOUSE

8400 Pine Road, Fox Chase
Philadelphia, Pa.

GROUP AT THE MOTHERHOUSE BEFORE THE AUGUST RETREAT

Front row, (left to right): Sisters M. Xavier, Agnes Marie, Katherine and Helen, Mother Anna Dengel, Sisters M. Anthony, John Mary, Rita, Theophane and (standing extreme right) Angelica, all of whom made their perpetual profession at the Motherhouse; second row: Sisters M. Gertrude, Timothy, Veronica, Lucia, Francis, Peter, Barbara, Isabel, Joan; third row: Sisters M. Alphonsa, Rose, Clare, Dolores, Jeanne Marie, Michael, Christopher and Henrietta, and Miss Mary Frances Coffey; fourth row: Sisters M. Damian, Nicola, Frederick, Francesca, Philip, Gerard, Benedict, Loretto and Louise, Miss Aurora D'Errico; last row: Sisters M. Martin, Hedwig, Raphael, Martha, Cyril, David, Loyola and Jane Frances.

"O Lord Thy Work in the Midst of the Years Bring it to Life"

This summer I can look back to exactly thirty years ago, when it first came to my knowledge that Dr. Agnes McLaren was in search of a young woman who would take up the study of medicine as a preparation for service in a women's and children's hospital in Rawalpindi, India, which the Doctor had founded in conjunction with Rt. Rev. Msgr. Dominic Wagner, Prefect Apostolic of that district.

Champion of women's causes that she had been all her life, Doctor McLaren spent her last years in promoting a woman's work that led her far beyond the confines of her European sphere of labor, and even beyond Christendom, into a field of vital importance, endless possibilities, and, one may say, of novelty. This last point, perhaps, was the one phase which required a person of extraordinary directness, to whom need and supply were synonymous.

To Dr. McLaren, traditions and conventions were no obstacles where such precious things as the life and welfare of mother and child were at stake. It took the simplicity of a convert, the knowledge of a doctor, the heart of a woman, the influence of a lady of refinement, and the sympathy born of a living faith to bring about the peaceful revolution necessary to supply much-needed skilled medical aid and assistance to women and children in mission countries.

Forty years ago, governments and Protestant missions had started maternity and child welfare work in a small way; even in more advanced countries, the movement was only in its infancy then. Catholic missions, too, true to tradition and, one may say, of necessity, had dispensaries. In the face of obvious need, one cannot very well preach charity without practicing it.

In a land of "purdah," such as India, only women can minister to women. There were scarcely any Catholic women missionaries up until one hundred years ago, and those since then, with rare exceptions, have been religious.

Religious, due to well-founded reasons, were for centuries forbidden by the Church to engage

"They saw the premature deaths of young mothers . . . they had pity on the helpless infants . . . They could have passed by—but they did not!"

in such medical activities as obstetrics and surgery. Individual lay women or groups of lay women could have filled the gap, but Dr. McLaren, from consultations with mission bishops and from personal observation in India, saw from the very start that the solution of the problem lay in intrusting this work to sisterhoods. The reasons were to guarantee stability, devotedness and economy, as she herself expressed it.

She went to religious superiors, to people of influence, cardinals and to Pope Pius X himself, to plead for the mothers of India who were the victims of untrained attendants, and for the host of innocents who were deprived of their birthright of life and health.

Her respectful and sincere presentation, in season and out of season, led to interest—the first step to action. "One soweth, another reapeth," was verified in her case. Dr. McLaren died in 1913 at the age of seventy-six. At the time of her death, the embryo hospital for women and children in Rawalpindi had proved its viability by surviving pioneer trials and vicissitudes, and the germ of her ideas and ideals for the continuation of the work were indelibly implanted. Slowly and quietly these took shape and gained momentum. Today, thirty-seven years after Doctor McLaren's first step to inaugurate Catholic Medical Missions in the sense of providing skilled medical aid, Holy Mother Church allows us Medical Missionaries to approach the altar steps and pronounce Perpetual Vows of Poverty, Chastity and Obedience. Thereby she takes us into the rank of her religious congregations, approved, protected, commissioned to seek the glory of God, holiness and the service of our neighbor in the exercise of the Medical Mission Apostolate.

As we use the term today, it (medical missions) means health work in the missions in its manifold forms of preventing, alleviating and curing disease, done for the love of God and our fellow man as a means of spreading Christ's Kingdom." — Medicine in the Service of the Missions.

The ramifications are many and varied—only time will unfold the inherent potentialities.

The simple ceremony of public profession at our Motherhouse on the Feast of the Assumption, presided over by His Eminence, Dennis Cardinal Dougherty, was the fruit of Dr. McLaren's and Msgr. Wagner's Samaritan-like charity. They saw the premature deaths of young mothers, the unrelieved and preventable suffering; they had pity on the helpless infants; they knew that Christianity was a closed book to the secluded, the illiterate, the primitive, unless demonstrated by action. They could have passed by—but they did not!

As health conditions were realized more and more all over the mission field, voices were raised from many quarters, so that on February 11, 1936, the Sacred Congregation of the Propagation of the Faith took steps by issuing an Instruction, which in part reads as follows:

"It has always been the practice of this Sacred Congregation to have the methods of the apostolate conform to the varying needs of time and place. Several missionary ordinaries have brought to the attention of the Holy See the necessity of making more appropriate provision for the

"His Eminence, Dennis Cardinal Dougherty, presided over the simple ceremony of public profession at our Motherhouse on the Feast of the Assumption . . ."

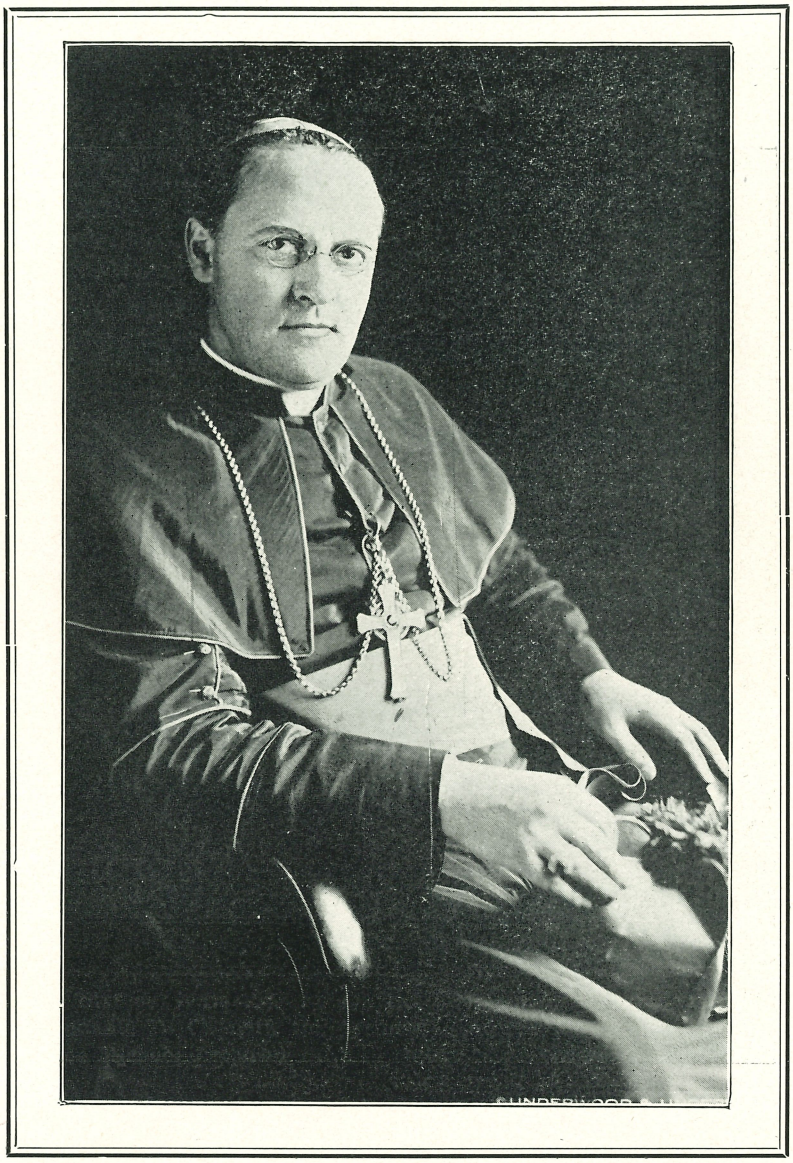
health of mothers and infants. In some regions of Africa, tribes are decreasing day by day, and they are destined to disappear if provision is not made for a better assistance for mothers and infants. It is well known that in other lands infant mortality is appalling, owing to the lack of hygiene.

"This Sacred Congregation has studied the question at length, and, after obtaining certain necessary faculties from the Holy Father, acting in accord with the Sacred Congregation for Religious, believes it opportune to issue . . . rules and instructions.

"This Sacred Congregation would like to see new religious institutes for women founded which will dedicate themselves principally to health work, making due provision for the necessary safeguards. These institutes must be founded and developed 'ad normas juris communis . . .'

"These new duties demand a proper technical and spiritual preparation. The sisters should obtain certificates as doctors or nurses. Above all, they should be safeguarded by special spiritual protections which will be determined by the superiors. The religious must see a noble expression of Christian charity in this delicate service, a charitable work destined to ease bodily misery and to open the way for the grace of Redemption . . ."

The great Gift will come to Dacca by seeing—seeing the Gospel enacted by the Sisters in a Christ-like way. "He went about doing good, healing all manner of diseases."—Bishop Crowley, Dacca, India.



"Sixteen years ago we started in a small, rented house in Brookland, D. C., with the permission of His Excellency, Archbishop Michael J. Curley . . ."

The news of the above regulations from Rome reached me at the Apostolic Legation in Peking. The Apostolic Delegate, Archbishop Zanin, was vitally interested in it himself. He was thoroughly alive to its importance, having conducted a systematic study of health conditions in China.

Rome's approval gave great impetus, not only to our Society, but to older communities engaged in the care of the sick in the missions. New communities also came into being in different countries, and no doubt more will be founded for this purpose, especially native communities. It is our privilege to have been invited to establish a community of Indian Medical Mission Sisters. Eleven young Malabar girls are now in training in our hospital at Rawalpindi. After the completion of the full course of training for nursing and obstetrics, they will begin their novitiate.

The cooperation of many will be needed to cast over the vast area of the missions a network of Catholic medical mission centers. The task is great—the harvest is ripe—the laborers are few. "Pray ye the Lord of the harvest that he may send laborers into the vineyard."

The task is great, the means are scarce, but God's blessing is on the sacrifices of all those who, through their generosity, are the providential means of making the work possible.

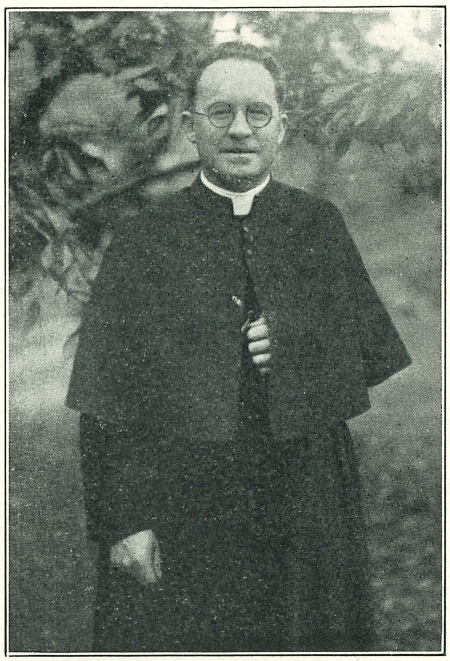
Sixteen years ago we started in a small rented house in Brookland, D.C., with the permission of His Excellency, Archbishop Curley, and the guarantee of spiritual care by the priests of the Holy Cross Congregation as our only tangible assets. Since then, we have never wanted the essentials for life and work. We cannot expect to be exempt from struggle, but now we know from experience that the Bank of Providence never fails.

We had the prayers, congratulations and good wishes of many of our friends and benefactors for August 15th, and a few came to share our joy and happiness with us. We wish many more could have come, that they might realize more fully that through their charity they are intimately connected with the hopes, desires and development of the Society. They are the force behind the lines. They do not see the glamor and struggle of battle, but without them, the fighters would perish and there would be none to fill the gaps—all would be lost!

Mission work, perhaps more than any other, depends on this cooperation of the laity with the missionaries to make it possible for all to share in the merit of spreading the faith. It puts the missionaries, too, under the obligation of praying for their benefactors, and of keeping them informed of their doings. It makes Catholics appreciate their faith and prove their gratitude for it. This dependence on friends and benefactors also knits many ties of friendship and spiritual relationships for time—and let us hope—eternity!

—Mother Anna Dengel

Rev. Michael Mathis, C.S.C.



Co-Founder of our Community

Perhaps no one entered more fully into the happiness that was ours on August 15th than the Rev. Michael Mathis, C.S.C., co-founder of our Society. Sharing as he did the hardships and hopes of the pioneer years, Father Mathis is one who shares, too, in the joy of the realization of his dreams and ours—that we might one day make public vows.

Father Mathis was convinced that the Medical Mission Apostolate was one for which religious sisters were especially qualified, for, as he wrote in his brochure, "Blazing a New Trail":

First of all, Our Lady, the Virgin of Virgins, has given those who have consecrated their virginity to God an inspiring example for this apostolate in visiting her cousin Elizabeth, whom she went to assist in the birth of Our Lord's Precursor.

Secondly, the modesty of Oriental women, on the one hand, and on the other, the jealous guard demanded of the same by their husbands and menfolk to the point of establishing the "purdah" system, give the Catholic sister an accessibility and confidence nobody else can command, just because she is a consecrated virgin.

Thirdly, the Orient is accustomed to associate religion with medicine, and, hence, the sister, so strikingly and characteristically religious through her garb and more especially through her life, fits naturally into the background of native ideals.

Fourthly, the extraordinary reverence in which the Orient holds our Catholic sisterhoods gives her special advantages.

Finally, ecclesiastical authority voices the same conviction. No less a personage than Archbishop Hinsley, the successor to Cardinal Bourne in the See of Westminster, London, while Apostolic Visitor to Africa wrote: "The great opportunity of the Church lies especially in the rescue of womanhood . . . Here we have our power. No others, no Government, not the sects, can wield the heroic might of our vowed and consecrated sisterhoods . . . Moreover the heads of our missions recognize the absolute necessity of having a staff of missionaries, particularly of sisters, who can help to stem by skilled care and scientific methods the awful ravages of disease among the African people."

The medical missionary vocation comprises three distinct parts: First, the vocation to the religious life; secondly, the vocation to the missionary life; and finally, the vocation to the medical apostolate. —MEDICINE IN THE SERVICE OF THE MISSIONS.

The mere fact that the medical missionary is a religious sister, committed by the most sacred obligations to translate into action the ideals of Christian life, the Beatitudes, she, by the miracle of her life, like that of all sisters, points out the supernatural character of Catholic Faith. Pagans sense this fact today just as they did during the conversion of the Graeco-Roman world in the first three centuries of our era. Of Medical Mission Sisters, the Hindu Weekly, Federated India (Madras), writes: "It is the peculiar feature of the Catholic Medical Missionary Sister to be allowed to act as the true Christian to the women of India and live as an exemplar to be followed."

From Notre Dame, Ind., where he is stationed now, Father sent us a telegram of hearty congratulation: HAPPY TO LEARN OF FORTHCOMING PROFESSION CEREMONY. MY SINCERE AND PRAYERFUL GOOD WISHES TO ALL PROFESSED SISTERS. FATHER MATHIS.

Seated, left to right: Sisters M. Martha, R.N., Renee, Frederick, Hedwig, R.N., and Nicola.
Standing: Sisters M. Philip, Henrietta, Damian, R.N., Christopher and Cyril.

Reception and Profession at the Motherhouse

On August 15th, the Sisters of the Society of Catholic Medical Missionaries, at home and in their houses in Europe and India, made their first Public Vows. The happiness of this occasion was increased by the fact that twenty-three of its members were allowed to make perpetual vows, including, in the group at the Motherhouse, two of the four Sisters who began the community sixteen years ago: the Foundress and Superior General, Mother Anna Dengel, M.D.; and the Mistress of Novices, Sister Agnes Marie Ulbrich, R.N.

His Eminence, Dennis Cardinal Dougherty, graciously presided at the ceremonies. His presence added much joy to our hearts, because His Eminence has been a great benefactor of our Society. Largely through his persevering efforts the Sacred Congregation of Propaganda Fide issued in 1936 a decree not only permitting, but encouraging, sisters to study and practice medicine, in order to aid the suffering peoples in the mission fields. Our first hospital in Rawalpindi was built largely with contributions from the Archdiocese of Philadelphia. In hundreds of other ways, too, the kindness and interest of His Eminence towards us has been shown.

"From the medical work I expect more for the Glory of God than from any other work we can undertake here."—Msgr. Wagner, while Prefect Apostolic of Kashmir and Kafristan.

Before the Holy Mass was celebrated, two postulants were received as novices: Miss Mary Frances Coffey, Springfield, Mass., in religion, Sister M. Frances Therese; and Miss Aurora D'Errico, Franklin, Mass., in religion, Sister M. Paula.

Each sister pronounced her vows just before receiving Holy Communion. First came the ten privileged ones who made perpetual vows. Nineteen sisters made temporary vows, and ten novices made first profession.

Those who made perpetual profession were: Mother Anna Dengel, M.D., Tyrol, Austria; Sister Agnes Marie, R.N. (Marie Ulbrich), Luxemberg, Ia.; Sister M. Anthony, R.N. (Margaret Godin),

Canada; Sister M. Helen, R.N. (Helen Herb), Nararino, Wis.; Sister M. Xavier (Martha Boeckmann), Knoble, Ark.; Sister M. Elizabeth (Elizabeth Dwight) Boston, Mass.; Sister M. Angelica (Clare McInerney), South Ozone, L.I., N.Y.; Sister M. Katherine, R.N. (Katherine Labonte), Germany; Sister M. Rita (Elizabeth Reinartz), Germany; and Sister M. Theophane (Agnes Shoemaker) Henshaw, Ky.

The newly-professed Sisters are: Sister M. Frederick (Eileen Niedfield) and Sister M. Renee, both of Brooklyn, N.Y.; Sister M. Philip (Mary Towne), Dayton, O.; Sister M. Cyril (Hazel Jacko), Lakewood, O.; Sister M. Christopher (Catherine Zeiler), Baltimore, Md.; and Sister M. Henrietta, (Henrietta Schafstall), Sister M. Nicola (Nicola Franssens) Sister M. Hedwig, R.N. (Hedwig Lips), Sister M. Damian, R.N. (Brigitta Besseling), and Sister M. Martha, R.N. (Bertha Janssen) all of Holland.

Mother Anna Dengel, M.D.

Many relatives, friends and benefactors of the sisters were present for the ceremonies. Among them were several Holy Cross priests who have watched the Society grow from four sisters to more than a hundred.

In the sanctuary were the Rt. Rev. Msgr. Bernard A. McKenna, S.T. D., LL.D., Philadelphia; the Very Rev. Joseph Kreuter, O.S.B., Collegeville, Minn.; the Rev. Francis McBride, C.S.C. and the Rev. Francis P. Goodall, C.S.C., of Washington, D.C.; the Rev. A. Paul Lambert, the Rev. Richard W. Gaughan, the Rev. George W. Shay, the Rev. Dr. Cletus J. Benjamin, the Rev. John J. O'Rourke, C.S.C., all of Philadelphia, and Brother Bertrand, C. S. C., of Washington, D.C.

Mission Intention For September

"For Heretics and Schismatics"

By Rev. Theophane Carroll, O.F.M.

"We pray . . . also for heretics and schismatics, that our God and Lord would deliver them from all their errors; and vouchsafe to recall them to our holy mother the Catholic and Apostolic Church."

That is the prayer of the church on Good Friday. It is our prayer for this month. There are in the world many millions of followers of Christ who are in serious error concerning his teachings. They are the descendants of unfortunate Catholics who, from the first centuries on, have been seduced from their allegiance to the one faith. For the most part, they are entirely in good faith, and they are members of Christ's Mystical Body, yet because of the mistakes of their ancestors, they stand today deprived of the fulness of their heritage, and in peril of losing the Catholic truths which their forefathers took with them.

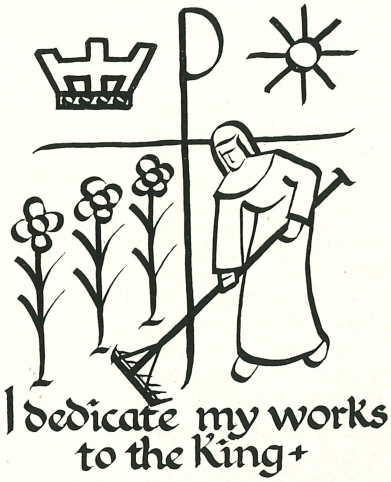
The Christians who today are separated from the church belong to hundreds of different churches. We in the West are familiar with the many Protestant sects, but there are many more Christians in the East who are closer to Catholicism in doctrine than the majority of Protestants. The largest body of these is the Orthodox Church, whose membership comprises most of Greece, most of Russia, and several of the Balkan countries. In the eleventh century they were separated from the true unity by the ambitious action of their Chief Patriarch, Michael Kerularios. Although they still remain separated, they have retained the great bulk of Catholic doctrine. Their validly ordained bishops and priests still celebrate Holy Mass according to the ritual of St. John Chrysostom; they have a great love for the Mother of God, and they have all the sacraments.

Smaller than the Orthodox Church are the churches whose rise came with the great heresies concerning the Person of our Lord. These are today represented by the Copts, the Armenians, the Jacobites and the Nestorians. In India, at the present time, the St. Thomas Christians are experiencing a great movement toward the Church.

From these bodies of Christians have come groups from time to time who entered again into communion with the See of Peter; these are our Catholics of Eastern Rite. Every large American city has representatives of both dissident and Catholic bodies who have immigrated to America. The Catholics retain the ancient forms of worship which have come down to them from the time of the apostles—forms greatly different from our own Latin Roman Mass, but no less beautiful—some even more ancient.

It is the hope of the Holy See that these bodies of Catholics will in the future have their numbers swelled by the return of their brothers who stand now just outside the gates, and who, if they do not soon find their Shepherd, will lose their precious orthodoxy, following human opinion. All that is not built on the Rock falls eventually.

We pray that they return to their Father's house, to the Church built on the Rock, before that happens.



"I Dedicate all my Works to the King"

By

The Rev. Joseph Kreuter, O.S.B.

The address given at the ceremony of Profession and Reception on August 15, 1941.

Your Eminence, Righ Reverend Monsignor, Very Reverend and Reverend Fathers, Reverend Mother, my dear sisters, novices and aspirants, members of the laity:

It was most gracious of Your Eminence to come here this morning into this solitude and offer the Holy Sacrifice of the Mass, and preside over the ceremony of first perpetual profession of the Medical Mission Sisters in the United States.

The first twenty or thirty years of a new foundation—and such the Medical Mission Sisters are—are naturally years of severe struggle and trial. It is in such times that it needs moral support and encouragement, particularly from ecclesiastical authority. Your Eminence has graciously furnished both. The members of the Society are no doubt most grateful to Your Eminence for this important encouragement in the years of their difficulties as a new foundation—trials temporal and spiritual—and they will no doubt also endeavor to repay your kindness by praying for you, and for the success of your pastoral work in the great Archdiocese of Philadelphia.

This day will be recorded in their annals as one of the outstanding days upon which both the present generation and members who enter the Society in the future will look back with great delight and joy. Reverend Mother and my good Sisters you are to be congratulated on this event which we are celebrating today, the Feast of the Assumption of Our Lady into heaven, which we celebrate today, lends additional significance to the celebration this morning. The Church, as it were, renews before us the beautiful scene in the Gospel; namely, Our Lord as the guest in the house of Mary and Martha, two saintly sisters, devoted friends of Our Divine Savior.

Martha represents the type of the active members of womanhood, and Mary, the meditative or contemplative type, such as we have in cloistered communities. Martha was busy about serving the Lord, a good work indeed—taking care of the meal which was to furnish Him with new strength for His apostolic labors. Mary was more reserved and sat at the feet of Our Lord, eager to drink in the word of God, to increase her love for her Divine Savior and thereby to be able to serve Him more faithfully. Our Lord recommended her in a special way for her eagerness to cultivate the interior life—not that He really reprimanded Martha, but He, as it were, gave preference to Mary's spiritual activities.

Mary really carried out the words with which I began: "I dedicate all my works to the King." That must be the endeavor of all Catholics—to dedicate all works, of soul and of body, to Christ the King. He is the King of the whole human race—of every member of His Mystical Body, of every Catholic who has been incorporated by baptism. And this must be the aim of all religious, whether contemplative or active—to dedicate their entire being, their thoughts, words and actions, all their works and faculties, to Christ the King.

Mary, Our Blessed Lady, is really the Mary of today's Gospel, because she chose the better part which will not be taken from her. This day she entered into her reward, into the glory which she merited through her complete surrender to God. So, also, every religious must follow the example of the Blessed Virgin Mary if they are to enter into eternal glory after death. They must dedicate their whole lives to the service of God. "I dedicate my works to the King" must be their slogan.

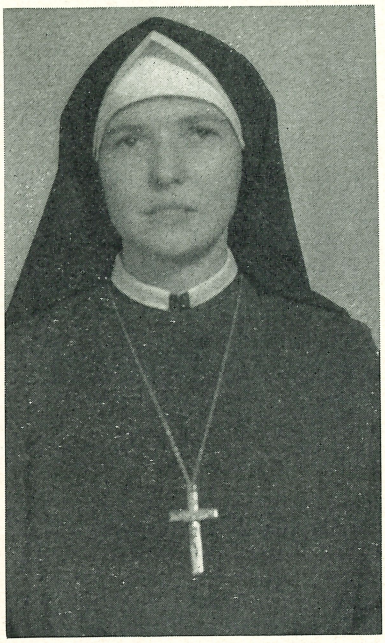
The Medical Mission Sisters honor Mary, the Blessed Virgin, particularly under her title, Cause of Our Joy. Mary is indeed a cause of joy for all of us, for every Catholic — particularly, however, for every religious, for all the true interior happiness that comes to religious is by being dedicated entirely to God, giving up all they may have possessed and enjoyed in this world. So Mary, being our model and having brought into our lives Him who is the Author of all true joy and happiness, is really the cause of our joy. Whether we dedicate our lives to the service of God in the heathen world or remain here in this country, it is all the same—dedicating self to Christ for His glory and the salvation of souls. That will bring joy in this world, saving many souls by medical mission works and bringing joy to other souls by leading them to eternal joy, and God in turn will give you eternal life in heaven.

This feast should be a great source of encouragement to the laity, relatives and friends of those who will be received and professed. May these members of the laity learn the lesson from today's feast to dedicate their lives to Christ the King, as far as their state in life permits, to serve Him faithfully and to try to promote His cause upon earth.

I congratulate the Sisters who are making profession with the assurance that Mary will be the Cause of your Joy in this world and also in life eternal if you persevere in remaining dedicated soul and body to Christ the King.

Sister M. Dolores, R.N.

Sister M. Hedwig, R.N.



Sister M. Nicola

Sister M. Damian, R.N.

1941 Mission Band

On August 25th the skies wept and perhaps the Medical Missionaries let a tear or two fall, too. Partings for us are joyous occasions mingled with sorrow. Strange paradox! We hate to see our sisters go away and yet we do our best to send them!

This time there are four Medical Mission Sisters bound for Holy Family Hospital, Rawalpindi, India. The fortunate ones are Sister M. Dolores, R.N., (Martha Paulus), a graduate of St. John's Nurses Training School in St. Louis, Mo.; and Sister M. Nicola (Nicola Franssens). Sister M. Hedwig, R.N. (Hedwig Lips), and Sister M. Damian, R.N. (Brigitta Besseling) of Holland.

The Departure Ceremony was held in the Motherhouse chapel. Our chaplain, the Rev. John J. O'Rourke, C.S.C., preached the sermon, congratulating the four sisters on being the ones chosen by the Superior to help in the spreading of the Kingdom of Christ, and urging them to increase more and more their own personal holiness in order to make their work bear much fruit.

We are sorry they are going for they gave us much joy, but we are happy that four more missionaries are bound for India. The sisters in Rawalpindi are eagerly awaiting their helping hands. There is so much to be done and there are so few to do it. Each letter is a cry for more prayers, more missionaries and more equipment. One sister wrote home that she wished she were three people, and then, in listing what she wanted to do in that case, put down enough duties for five full-time jobs!

The journey to India begins at San Francisco where the sisters will embark. Six weeks of ocean travel (we hope no seasickness) will bring them to Bombay, and then 54 hours by train will bring them to northern India at the foothills of the Himalaya Mountains.

There eleven Medical Missionaries will welcome them with open arms; they will see Holy Family Hospital, don their spotless white habits, and go to work!

". . . As Moses, standing on the hill, raised his arms to secure Divine assistance to the Israelites battling with Amalec, so must all Christians give the assistance of their fervent prayers to the preachers of the Gospel exerting themselves in the Lord's vineyard." —Benedict XV.

"If I Were Only Quintuplets . . . "

By

SISTER ALMA JULIA, S.C.M.M., PH.G., M.T.

One day recently, similar to numerous other days, I was rushing about the Dispensary, filling stock bottles and prescriptions, giving directions to nurses and patients, and doing a few treatments, when one of the Sisters came in and said, "Do you think you could spare an hour or two a week for this-or-that?"

"I'd love to," I answered, "but let's see. This is St. Francis Dispensary day, tomorrow afternoon I have two classes and there is Holy Hour from five to six, and the next day is Dispensary day again . ." I sighed. "If I were only quintuplets . . .!"

That might have ended the matter, but my Guardian Angel, being a very reasonable and logical sort of person (or should I say, "spirit"?) would not let it rest at that. He doesn't like wild, careless statements; he insisted upon an explanation. My Guardian Angel (G.A. for short) can be very matter-of-fact.

"Yes," said G.A. "What if you were quintuplets? What about it?"

Well, that set me thinking. I couldn't tell him right off, I was too busy just then, and besides, the more I considered it, the more difficult became the answer.

I thought about it during the afternoon visit to the Blessed Sacrament. I pondered over it during evening prayers when I was supposed to be examining my conscience. I was distracted by it during the morning meditation. But the result of my thinkings and ponderings and distractions was that I came to some kind of a decision.

"Well, G.A.," said I, the first minute we had a breath for conversation, "if I were quintuplets, one of me could keep both the Dispensaries going."

THE DISPENSARIES

You see, in this city we have the Dispensary attached to Holy Family Hospital, which is open for out-patients every morning from breakfast time until lunch (when necessary, lunch is pushed back from 12:30 to 1:00 or even 1:30 p.m.!) In the Dispensary we fill the medical supplies and prescriptions for the hospital patients as well as for the out-patients. Here, too, we carry out treatments, change dressings, give emetine and other injections, put drops in sore eyes, syringe ears, and weigh babies. Little children from the parish school next door run in for a dose of cough medicine or for some "fever medicine." Pre-natal and post-natal work take up a lot of our time.

Three afternoons a week we spend in St. Francis Dispensary, which is located in the Moham-

Top: Bare feet, cut-glass jewelry, picturesque gown —a patient and her babe visit St. Francis Dispensary.

Center: Dispensary treatment—Ramlal holds the basin while Sister syringes his ear.

Bottom: Children run in for cough medicine or some "fever medicine" . . .

medan section, in another part of the city. There much the same program is carried out, except that all are out-patients, and almost all are "purdah" women, i.e., women who keep the rule of seclusion.

"If I could devote all my time to the Dispensaries," I explained, "then we could keep St. Francis open **every** afternoon instead of only three afternoons a week. We could follow up our cases better, and devote more time to treatments and educational work.

"But would the Hospital Dispensary keep you busy every morning? Or all the morning?"

"Oh, if I had the time, there are other things I want to do in the Dispensary. I could take two or three pupils and give a really good course in pharmacy and dispensing. You see, the way it is done in this country, a student spends a year and a half or two years in a recognized dispensary and studies there for the State Examination in Dispensing, as it is called. After sufficient theory and practice, if she can pass the Punjab State examination, she becomes a Registered Dispenser. Now, I am anxious to take several native Sisters as students and prepare them for the examination, as dispensers as well as nurses and midwives will be needed when they come to open their own hospitals and dispensaries. But teaching takes time. Therefore, the two dispensaries alone could be a **very** full-time job for one person!"

"I can see that," admitted G.A., "but what about the second quintuplet? Where would she work?"

"Home visiting," I answered promptly. "I would put that next."

HEALTH VISITOR

We have a Health Center in this city independent of the Hospital Dispensary. Sister Stephanie is the Health Visitor for this section and is in charge of the Center. She trains the student dhais who take care of the mothers and babies in their homes. These native women are not required to know how to read or write, which creates a great difficulty in teaching them. Sister Stephanie gives them all their classwork orally, supervises their work in the homes, and prepares them for their examination.

The pre-natal and post-natal cases in the district are supposed to attend the Center as necessary. Those that require the attention of an M.D. are referred to our doctor when she comes to St. Francis three times a week. If the need is urgent, the patient is sent to Holy Family Hospital.

Then there is the matter of treatments, medications, records, etc.—which means that Sister Stephanie has her hands full!

Top: A pictorial definition of what "purdah" means. These Mohammedan women, if they wish to come to the hospital or dispensary, must wear a white, sheet-like garment, called the "burkah," which covers them completely from head to toe! (And no air-conditioning!)

Center: "Home Visiting." Sister's companion is a native mid-wife.

Bottom: "Curly locks, curly locks . . ." Or perhaps the caption should be: Chandra and Son on the Doorstep."

The point I am getting at is this: That there is usually no time left for regular home visiting. Now, in this section alone there are about 1000 births a year. Under the present circumstances, only those cases are seen that are brought to the Center or are under the care of the dhais attending the Center—probably about 33 percent in all.

The only way I can figure to provide for all of them is to go from house to house—home visiting—and that would be a full-time job for anyone! But such a worthwhile job! Alas—many of those babies never see their first birthday, but we might be able to give them a passport to heaven, at least. Then, although the excuse of our visit is to see the new baby, the other children and even the grown-ups will come for aid or advice. The possibilities are literally limitless!

"G.A.," said I, "if only I could devote all my time to home visiting, I'll wager I could keep the hospital filled with patients I could persuade to come in, and I could do a lot, too in the line of teaching hygiene and sanitation and such-like things! I would love it! And if home visiting could be so fruitful," I went on, "village visiting is even more necessary and important."

VILLAGE VISITING

"As the third quintuplet, I could spend all my week days visiting the villages, coming home on Sundays to recuperate and renew supplies."

"To hear you talk," said G.A., "one would think you knew a lot about village visiting."

That might have been meant for sarcasm, but I am not easily squelched! "Don't you think we got along pretty well last week?" I asked

Last week I had had my first experience—and I hope not my last—in village visiting. Another Sister and I traveled to some of the villages along the frontier, about four hours away by train. The priest who visits that district, and his catechist, who is a native of those parts, made the arrangements and met us at the train. We took along a box of medicines, as the purpose of our visit was to see the sick. It was on Thursday morning that we started out, and we returned to the hospital Saturday evening.

The priest and the catechist took us around to seven or eight villages and introduced us to the headmen, who graciously served us with tea and cakes. Then we went back to the women's quarters and gave them medicines or advice or both, while the priest and the catechist sat out in front with the men and talked and smoked away the time until we had finished.

We found preventable illnesses innumerable. In one or two of the villages, almost 100 percent of the people were suffering from a severe form of malaria, with huge spleens and anemia and other complications. We preached mosquitoes and quinine. (Note: The detailed account of this "village visit" will be given in an article in the next issue.)

"You know," I informed G.A., "we Sisters can go anywhere in the villages. The women may be

Top: Sister M. Thomas (right) and Sister M. Joseph do a bit of village visiting.

Bottom: Sister gives a demonstration—and so does Aziz.

'purdah,' (secluded), but they are the ones who really hold to the old ways and rule the community. And though the priest and catechist cannot see or talk to them, we are invited right in!"

"Right you are," agreed G.A., "but how much influence can you expect to have in one short visit?"

"You are a pessimist! Didn't we see and prescribe for, or give medicines to, about 200 people, not counting the others who were sick and just 'listened in'? And what about the anti-malarial and other advice? Now, if we could visit those same villages about once a month . . ."

I explained my plan: There are 25 million people in the Punjab alone, and about 90 percent of them live in villages. If we could at least visit all the villages within a few hours' journey from the hospital, a day here and two there, several days in the farther places, contacting each place only once a month, we could cover a lot of ground.

"If you did nothing else but village visiting, you couldn't cover half the Prefecture in a month—no, not a third," G.A. pointed out.

"Well, we could make a beginning," I persisted, "and who knows? When we get more vocations, more Sisters can devote themselves to the work. And then there is not only this Prefecture but all of equipment, we do only routine urinalysis. As ordered, I do stool examinations for ova or parasites, India, all the 300 million who live in the villages . ."

"Now you are getting beyond the subject. We were talking about five people, not fifty or five hundred!" G.A. brushed aside the day-dreams. "What about the fourth quintuplet? What would you have her do?"

"The laboratory work is growing, G.A. As the fourth quintuplet, I could devote myself entirely to that branch."

THE LABORATORY

"How could you keep busy doing only laboratory work?" G.A. seemed unconvinced. I explained that at present I can devote only a limited time to the laboratory: odd minutes before, during or after dispensary hours. Knowing how busy I am, the doctors order only the most necessary tests; when I am not available, they must do the tests themselves, although they have plenty of other things to keep them busy. Such was the case when I was away on "village visiting" last week. This holds, too, when I am at St. Francis, or busy with other necessary tasks.

Under the circumstances, and with present malaria slides, kala-azar, complete blood counts, Gram and T. B. stains, and a few other simple things.

Top: Sister Alma Lalinsky, M.D., and the author, Sister Alma Julia, who is ambitious to do "complete blood counts on all patients, more bacteriology work, some blood chemistries . . . and train a few native sisters (below) in the work.

Third picture: There are in India alone one million lepers!

Bottom: The question is one of vocations! Medical Missionaries at a Nurses' Training School, preparing to supply a couple of those needed quintuplets!

Now, I would like to do complete blood counts on all patients, more bacteriology work, some blood chemistries, a little more research in amoebic dysentery, and a lot of other things!

We have a microscope at St. Francis Dispensary now, but owing to lack of time and of other equipment, I do only the most urgent urinalyses, stool examinations for amoeba, and hemoglobin tests. The time spent at St. Francis could be devoted entirely to laboratory work if someone else could do the treatments and dispensing. Practically all the mothers and babies in the Center suffer from malaria, amoebic dysentery and other things in season. Tuberculosis is extremely common. But one likes to make certain by means of the necessary examinations—to find the amoeba or the germ—before treating for such.

I have seen so many T. B. slides that were more beautiful than any I had ever made in the States—beautiful, that is, in the eyes of the technician; tragic for the patients. And then those "oriental sores," of which we found so many in the villages, and kala-azar—so many things it would be more interesting to confirm by laboratory diagnosis, if one only had the time!

"And I have another dream," I went on to say.

"What, for instance?" G.A. seemed unimpressed.

"As in the case of the dispensers, so with the laboratory technicians. I would like to train one or two of the native Sisters, at least to the extent necessary for the more simple and necessary tests. Now, If I could spend an hour or two a day in the teaching that this would require, and do the laboratory work here and in St. Francis, and then a little research laboratory work in the villages, why there is no end to the possibilities . . ."

"Wait a minute! Keep your feet on the ground! At that rate you will need more than one of the 'quins' for the laboratories alone! Now what about that fifth quintuplet? What would you have her do?"

"Ah! Last but not least—there are the lepers!"

"Yes," admitted G.A., "there **are** the lepers."

THE LEPERS

"Do you know," I said, "that there are in India alone one million lepers? That means one leper for every 350 healthy—or I should say, non-leprous—persons." (I had just read the "Patna Mission Letter," and so had the statistics at the tip of my tongue!)

Seriously, the leper problem intrigues me. Here in the Punjab—perhaps in all India—there is no law of segregation for the leper. You meet him at the street corner begging. You find him at the gates of the mosque, of the temple, even at the door of our poor Catholic Church (where his chances of receiving alms are rather slim, as the Christians here are among the poorest).

I know of no leper asylum in the Punjab, except a single small one under Protestant management. The same holds true of the Patna mission. There is a crying need for Catholic leper hospitals.

In Patna, the American Jesuits are planning on a leper colony and have asked us to do the nursing. Wouldn't I love to go!

In Kashmir, the Rajah, who is well disposed towards the Catholics, has already established a leper hospital, and has asked our Sisters to take charge of it. How I wish we could accept that offer of the Rajah of Kashmir! It is not far from a Catholic mission where a priest is located, so arrangements for our spiritual needs could be made.

"G.A.," I announced, "I want to go and take care of the lepers!"

"But the fifth quintuplet couldn't go to both Patna and Kashmir," G.A. pointed out. "And another thing—you couldn't go alone. According to your Rule, at least two Sisters should be in each mission, and more are preferable. The same holds about the home visiting and the village visiting. So you see, the quintuplets wouldn't be enough! And what about all the other jobs in the hospital that you divide among yourselves—the supervision of the servants, the buying of food, the bookkeeping, the counting of clothes going to and coming from the wash, the care of the chapel, and all the other things besides the medical work?"

"Yes," I admitted, "and relieving one another for vacations or illnesses and absences—I know all that. That is where the vocation problem comes in. We could use dozens of sisters for hospital work and health visiting work and dispensary work and all sorts of health work. The amount of work we can do is limited only by the number of sisters we have."

That last sentence sounded like a textbook quotation, but it slipped out before I thought.

"What about money to carry on all that work?" G.A. asked.

"Oh, that!" I tried to put in a note of contempt. "Mere filthy lucre! Anyway, have you noticed that in the past our good friends in the homelands have always managed to give us enough to keep our heads above water? And if more sisters come out and we open more activities, I am certain the money will be coming, too. I refuse to worry about **that** matter! Let's concentrate on vocations!"

"You are right," admitted G.A. "The question is one of vocations!"

* * * *

They tell a story which illustrates the taciturnity of ex-president Calvin Coolidge. It goes something like this:

Visitor: "Did you attend church service this morning?"

Coolidge: "Yes."

Visitor: "What was the sermon about?"

Coolidge: "Sin."

Visitor: "Oh! And what did the preacher have to say about it?"

Coolidge: "He was agin' it."

Now, if someone were to interrupt my thoughts and say, "What are you pondering about?" my answer would have to be, "Vocations."

"And what about vocations?"

"I'm all for 'em!"

Invitation to Ward Rounds

By

Sister M. Elise Wijnen, S.C.M.M., M.D.

"Would you like to make ward rounds with us today? We have quite a few interesting cases in the house—diseases you rarely hear about in the States. You will be surprised at the variety of diagnoses, even in a small, sixty-bed hospital like ours. We have our ordinary ailments, too, of course, but this time we shall skip the commonplace and just hit the 'highlights.'

"This is Ram Chambeli. Pretty name, isn't it? 'Ram' is a Hindu god, and 'chambeli' means 'lily.' It is a common name among the Hindus. Well, Ram came to us about five weeks ago, just after the birth of her fifth baby. She had a high fever and it looked very much like puerperal sepsis. We put her on sulfanilamide, and she had just begun to improve when she insisted on going home. We could not talk her out of it!

"Two weeks later she was back, still feverish and much worse than before. The thing that worried us most was her white blood cell count. It kept getting lower and lower, and finally sank to 500! Yet it wasn't a true agranulocytic angina, because she always had a fair amount of polys. For three weeks she ran a hectic temperature—up to 105 almost every day.

"We gave her up several times, and at last she began to astonish us by refusing to die, although she looked barely alive and was too weak to hold up her head. All sorts of laboratory tests remained negative, and she never developed a single diagnostic sign of anything. Finally, in desperation, we decided to give her some urea stibamine, which is a specific for kala-azar. After the first injection our poor little 'lily goddess' had a chill which shook the house, and her temperature shot up to 107. Yet we persisted with the treatment—in fear and trepidation, I assure you! After the second injection, the typical Leishman-Donovan bodies appeared in the blood smear, so the diagnosis was confirmed. The books say that this is a common experience: the smear does not become positive until the treatment has been started.

Love your sick and care for them with devotion. Look well after them, intelligently and scientifically; treat their ailments in the best possible way. Make efforts truly to serve. Proceeding in this natural order, confidence and trust are inspired which prepare the mind for higher and supernatural things . . . Never on any account must your non-Christian patients get the impression that they subject themselves to a contradictory moral. They must never get the idea that conversion and baptism are necessary to reward your devoted care, your sincere and unselfish Christian charity and zeal. Use all the means at your disposal to make them experience in their own bodies that your religion is good, excellent, and desirable, that it is truly inspired by self-sacrificing love.—Pius XI.

"Here she is now, smiling up at you! It looks like she will make the grade all right. But this time she will stay in the hospital until we are ready to send her home—won't you, Ram? I think she has learned a lesson!

"Hear that 'banshee-howling' over there? Salina must have heard us coming. She is only three, so there is no way of convincing her that we are trying to help and not hurt her. She has a large open sore on her body, the size of an orange, and the dressings are rather painful. At any rate, Salina doesn't like it here, and she doesn't hesitate to say so! The sore was so badly infected from weeks of home treatment (cow dung, I'll wager!), that we are still trying to clean it up. If it is 'oriental sore' as we think it might well be, it will clear up like magic under local injections of berberine sulfate. These sores are due to the same organism that causes kala-azar, and they last for months and months. They do not cause much illness, but they are quite painful. There is nothing nicer than to cure these ulcers with two or three injections—it makes you feel like Santa Claus!

"Good morning, Karam Nissau. How are you today? Oh, yes, you might as well speak English to her. She doesn't understand any of our languages! She is a Pushtu, from a mountain village, and she doesn't know a word in any dialect other than her own. She has real courage, that little lady. She came in two weeks ago, all alone from a frontier district miles and miles away. We operated on her the next day and took a large cyst

out—five quarts of fluid it contained! No wonder she was tired of walking around with such a weight in her abdomen!

"Twenty-four hours after the operation her temperature went up to 104, and Karam came down with an acute exacerbation of amoebic dysentery! That and malaria are our common complications out here. We gave her emetine right away, and she pulled out of it without a whimper. A nicer patient you never saw. She has a smile for everything and everybody. You should have seen her beam yesterday, when she was out of bed for the first time. These village women have much more pep and resistance than our poor shut-in city patients! At least they get out into the sunshine and take some exercise.

"Did you ever see a cripple like the crumpled-up woman in that corner over there? And to think that she is nothing but the end result of neglect of a preventable and curable disease! Yes—you've guessed it — osteomalacia. We have several dispensary patients like that, always asking for medicine to make them straight! You cannot convince them that it is too late now. Rampiari is in the hospital for a bad attack of malaria. She had a cesarian section last year, would you believe it? Completely bent over, her head touching her knees, her hands dragging over the floor as she walks—and her baby actually lived!

"There isn't much we can do for her now. We still give her cod liver oil and calcium, to prevent the bone pains and tooth decay that accompany this disease. But isn't it a shame that cases like this continue to occur in a city like Rawalpindi, with so many opportunities for medical aid? There is India for you! It takes a long time to reach these women and still longer to convince them of the need for early treatment. To get one early and make her persevere for months and months is still one of our fond hopes for the future!"

An osteomalacia patient—she is so stooped as to be scarcely taller than her young sons!

Our Cover

The cover was especially designed for this issue which commemorates the taking of public vows by our sisters for the first time. The central figure is Holy Mother Church — "Ecclesia" — in whose hands the Society of Catholic Medical Missionaries, now a recognized Congregation, is represented as a burning lamp. The work of the Medical Missionaries is offered completely to the Blessed Trinity: the Father, the Son and the Holy Ghost, as symbolized by the Hand, the "chi rho," and the dove. "Holy Mother Church, we thank thee!"

Be not ashamed to be beggars for Christ and for the salvation of souls—Pius XI.

Obituary

Rt. Rev. Msgr. Henry Hyvernate, Washington, D.C.

Sister M. Loretto, Washington, D. C.

Sister Anna Mary Moss, Maryknoll, N. Y.

Sister M. Anna Joseph Carroll, Hartford, Conn.

Sister M. Joseph Garvey, Hartford, Conn.

Sister M. Agneta Hughes, Hartford, Conn.

Sister Mary Luke Russell, Leavenworth, Kas.

Sister Elizabeth Marie Bumbak, Maryknoll, N. Y.

Mrs. James W. Donahue, Chicago, Ill.

Mrs. Catherine Sullivan, Washington, D. C.

Frank Ezach, Harbor Beach, Mich.

Ragamuffin's Road Song

Everyone is traveling . . .
Travel's in the air!
Starting for a Certain Place,
Or just for Anywhere;
Some on cycles, some on foot,
Some by motor car
(And each will meet a cross-road
Before he travels far!)

I was tramping down the highway ('twas the Highway of the King).
And I had all Life before me—and I had a Song to Sing,
There was Laughter in the dancing leaves, and Tingling in my feet—
When—I came upon a Cross Road (and what a thing to meet!).

There were wrinkles in her forehead, and her brow was black with wrath—
Like an ogre with a toothache she lay gaping in my path!
Both her eyes were closed up tightly (so she couldn't see the sun)—
They had named the thing, "Dilemma" (but I still refused to run!).

So my pathway lay before me in a state of occupation;
I scratched my head. "It is," says I, "a Tic-lish situation.
"But if you're choosing **my** road for your future domicile
"I'm afraid, my dear Dilemma, that you'll have to learn to smile!"

Poor Dilemma blinked her eyelids (which let in a bit of sun),
The surprise of it was perfect! Transformation had begun!
And a current of emotion circulated through her face,
While a rumbling seemed to signify a change was taking place!

One by one the wrinkles vanished, till no more did she looked vexed,
Then her mouth began to quiver (momentarily perplexed),
And no longer did the way appear a cavernous defile—
Now there wasn't any Cross Road—just a dual Lane of Smile!

For the thing that made the Road cross was a matter of direction—
The meeting was right-angular, and needful of correction!
But there's just **one way** of smiling (as each one of you knows well),
So the roads aren't crossing any more—they're running parallel!

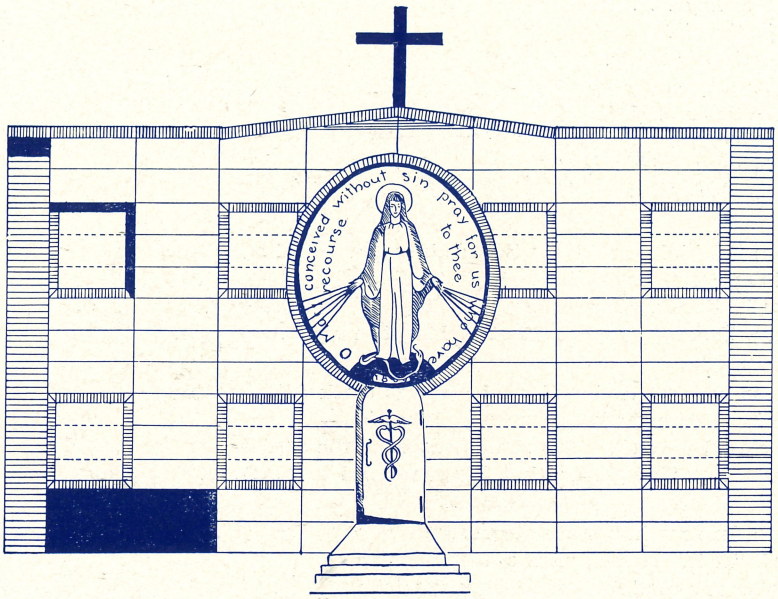
Everyone is traveling . . .
Travel's in the air!
Starting for a Certain Place
Or just for Anywhere;
And when you meet a Cross Road
Sure, now, running's not the style
But conversion! Use the K.S. touch*
And teach it how to smile!

—TIC

*Keep Smiling!

You Are Cordially Invited - - - To Black A Brick!

[R.S.V.P.]



Some folks spend sums
On bric-a-brac
But—save the word—
They have no "jack"
To "black a brick."!
To pay the price
Takes not just coin
But SACRIFICE!
Bricks made like these
Are more than clay:
"A good deed passeth
"Not away."
But "this and that"
Piled stack on stack
Is never more
Than . . . bric-a-brac!

It is not a "black-out" but a "black-in" that we are working for. We are working for it with all our might and main. We are bending every ounce of energy toward the realization of this goal: A 100-BED HOSPITAL FOR RAWALPINDI.

The "blacked-in" bricks total $4,343.83.
We need $100,000.
And that means . . .
WE NEED YOUR HELP!

The large bricks represent $1,000 each; the "half" bricks around the door, $500; the subdivisions of the "half" bricks along the sides, $100, and the "bricklets" around the windows and edging the roof, $1:

A check or greenbacks turn the trick
To black a brick—or half a brick;
Or you, perhaps, prefer a "tricklet?"—
One hundred pennies black a bricklet!

Send your "brick-blacking" donation to:

DR. ANNA DENGEL
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Dear Doctor Dengel:

I am delighted to accept your invitation to your "black-in bricks" party. Enclosed please find $..... to cover ..... bricks.

Very sincerely,

.....

.....

.....

HINTS FOR HELP

- A daily "Ave" for the achievement of our new 100-bed hospital for women and children in Rawalpindi, India.
- A donation towards the building fund.
- Help our helpers! The "Lots for Little Thrift Shop," 902 Third Avenue, New York City, will send for all goods within the city limits. You help us when you help them. Telephone: PLaza 3-1850.